

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City Saint Louis (No. Saint Marys Infirmary) St. Ward)

File No. 26681
Registered No. 6855

2. FULL NAME Henry Holmes

(a) Residence, No. 2306a Franklin Avenue, 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred Life ... How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, Widowed Widowed
HUSBAND OF Jessie Holmes
OR WIFE OF Jessie Holmes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1890
7. AGE YEARS 44 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Louisville & Nashville RR. Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Saint Louis (STATE OR COUNTRY) Missouri

13. NAME Unknown Holmes

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY)

15. MAIDEN NAME II

16. BIRTHPLACE (CITY OR TOWN) II (STATE OR COUNTRY)

17. INFORMANT Lewis Smith (ADDRESS) 2306a Franklin Avenue

18. BURIAL, CREMATION, OR REMOVAL Jefferson Barracks PLACE National Cem. DATE July 13, 1934

19. UNDERTAKER Charles J. Natio (ADDRESS) 4107 Finney Avenue

20. FILED 12 1934 J. B. Bredecks

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th, 19 34

22. July 2 19 34 HEREBY CERTIFY, That I attended deceased from July 8th, 19 34
I last saw him alive on July 8th, 19 34 Death is said to have occurred on the date stated above, at 109 a.m.

The principal cause of death and related causes of importance were as follows:
191 Encephalitis
Non epidemic
Heat stroke

Other contributory causes of importance: July 1

Name of operation 191 Date of July 1
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify W. H. Natio
(Signed) W. H. Natio, M. D.
(Address) 2316a Market Street

